

Doctor's Surname	Forename	GMC Number
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<b>Clinical setting:</b> name of organisation:	Hospital	General Practice
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<b>Please tick referring to the descriptors in the detailed guide to the performance criteria for the COT</b>	<b>Insufficient evidence</b>	<b>Needs further development</b>	<b>Competent</b>	<b>Excellent</b>
<b>A. Discovers the reasons for the patient's attendance.</b>				
1. Encourages the patient's contribution				
2. Responds to cues				
3. Places complaint in appropriate psychosocial contexts				
4. Explores patient's health understanding				
<b>B. Defines the clinical problem</b>				
5. Includes or excludes likely relevant significant condition				
6. Appropriate physical or mental state examination				
7. Makes an appropriate working diagnosis				
<b>C. Explains the problem to the patient</b>				
8. Explains the problem in appropriate language				
<b>D. Addresses the patient's problem</b>				
9. Seeks to confirm patient's understanding				
10. Appropriate management plan				
11. Patient is given the opportunity to be involved in significant management decisions				

	Insufficient evidence	Needs further development	Competent	Excellent
<b>E. Makes effective use of the consultation</b>				
12. Makes effective use of resources				
13. Conditions and interval for follow up are specified				

<b>Overall Assessment: Please tick</b>				<b>Feedback and recommendations for further development:</b>
<b>I</b>	<b>N</b>	<b>C</b>	<b>E</b>	
<b>Agreed action:</b>				

Assessor's signature:	Date
Assessors name	Time taken for discussion
	Time taken for feedback

The appearance of this form will be slightly different on the internet. It will conform to the RCGP style.

**The RCGP gratefully acknowledges the help of the Video Core Group of the MRCGP examination in developing the COT.**